

Work Order ID 94491

\*94491\*

Page 1

December-19-12 11:27:57 AM

Item ID: D4035-045

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Lid Rib Assembly, Fwd (Light)

Start Date: 12/19/12 Start Qty: 2.00

\*3\*  
\*3\*  
\*3\*

(4X)

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 2.00

Customer:

Reference:

Approvals: Process Plan: MUS

Date: 12-12-12 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
D4035	A								
100		Weld per dwg A/R Aluminum rod Batch: 125727	0.00						

\*100\*

Large Fab

Memo

0.00

13-6-18

10X

Large Fab

- 1- Cut D4035-I as per dwg D4035
- 2- Drill holes as per dwg D4035 using DT9619
- 3- remove identification marks and deburr
- 4- Weld bushing in rib as per dwg D4035

110

QC9- Inspect visual per QSI004- Fusion Welds 0.00

\*110\*

QC

Memo

0.00

Quality Control

13-06-15

OAS  
09  
9-89

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
	Centre Not Concentric to O/S	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
	Cracks	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other			
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>		<input type="checkbox"/>				
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>				
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>				
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>		<input type="checkbox"/>				

Work Order ID 94491

December-19-12 11:27:57 AM

\*94491\*

Page 2

Item ID: D4035-045

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Lid Rib Assembly, Fwd (Light)

Stop

\*NS2\*

Start Date: 12/19/12 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC5- Inspect part completeness to step on W/O

0.00

\*120\*

QC

Quality Control

DAS  
09  
9-89

(S) 1306-19

130

Identify as per dwg & Stock Location: WA 5 0.00

\*130\*

Packaging

Packaging

Memo

0.00

RPL/3-6-19  
10

140

QC21- Final Inspection - Work Order Release 0.00

0.00

\*140\*

QC

Quality Control

MWS 1306-19

KL (3-06-20)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup	<input checked="" type="checkbox"/>										
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							

# Picklist Print

December-19-12 11:27:57 AM

Page 1

Work Order ID: 94491

Parent Item: D4035-045

Start Date: 12/19/12

Required Date: 1/11/13

Parent Item Name: Lid Rib Assembly, Fwd (Light)

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP RevA: new issue DD 10.01.25 verified by:EC IPP Rev:B as per dwg revA 10.03.15  
verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D2953-175 Spacer		Manufactured	No			100	Each	15.0000	1	2			<i>PC 13-6-18</i>
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Location	Loc Qty	Loc Code
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WA004	15	
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*72847*

*15*

M6061T6TS0.750W.062 6061-T6 SQ Tube .75 x .75 x .062W		Purchased	No			100	f	129.2042	1.875	3.9473684		
--	--	-----------	----	--	--	-----	---	----------	-------	-----------	--	--

Location	Loc Qty	Loc Code
----------	---------	----------

MAT013	129.2042	
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*122200*

*129.2042*

*10*

*9.87 10X On 13-04-18*

NCR: Yes / No

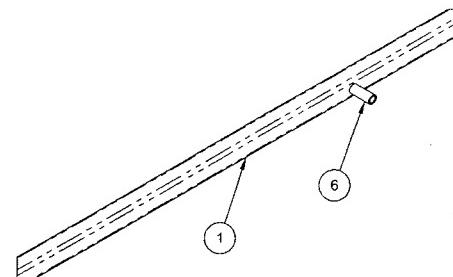
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

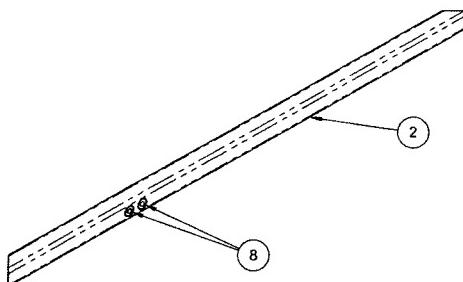
ITEM	QTY -041	QTY -043	QTY -045	QTY -047	P/N	DESCRIPTION
D	X				D4035-041	LID RIB ASSY, FWD
		X			D4035-043	LID RIB ASSY, AFT
			X		D4035-045	LID RIB ASSY, FWD (LIGHT)
				X	D4035-047	LID RIB ASSY, AFT (LIGHT)
1	1				D4035-1	RIB
2		1			D4035-3	RIB
3			1		D4035-5	RIB
4				1	D4035-7	RIB
5				2	D4035-11	BUSHING
6	1				D2327-3	SPACER BUSHING
7			1		D2953-175	SPACER
8		2			D4021-9	BUSHING



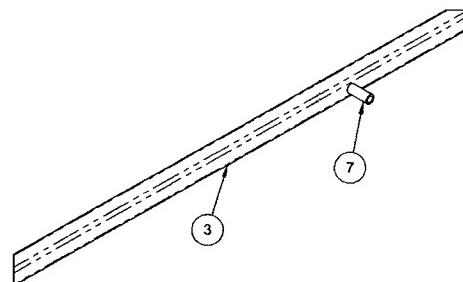
D4035-041 BASKET LID RIB ASSY, FWD

SHOP COPY  
RETURNING  
ENGINEERING  
UNCONTROLLED  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO 94491MLT

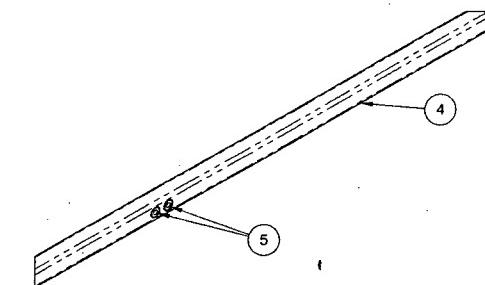
12-12-19



D4035-043 BASKET LID RIB ASSY, AFT



D4035-045 BASKET LID RIB ASSY, FWD (LIGHT)



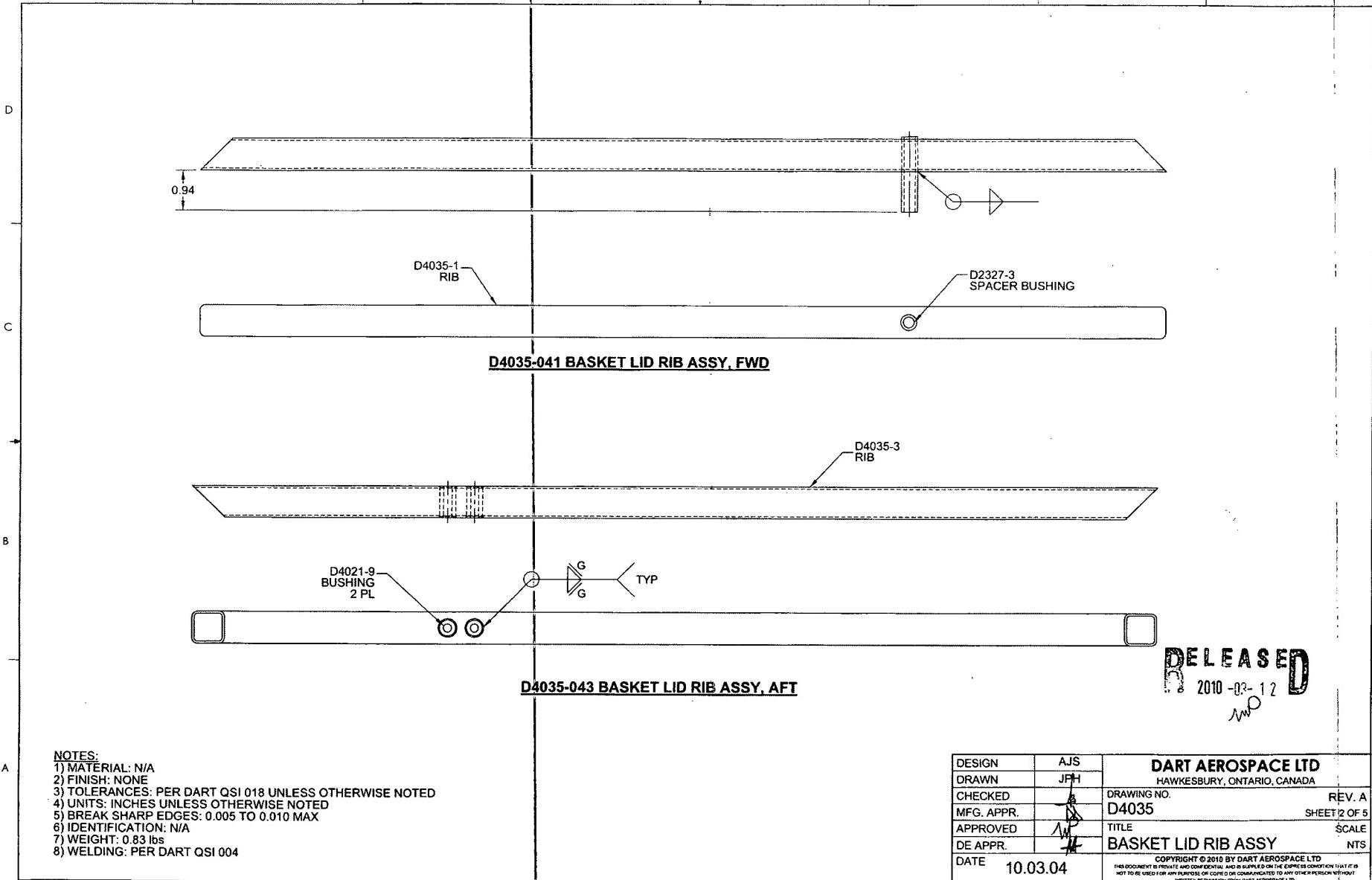
D4035-047 BASKET LID RIB ASSY, AFT (LIGHT)

**RELEASED**  
2010-03-12  
AM

A	NEW ISSUE		JPH	10.03.04
REV.	AJS	DESCRIPTION	BY	DATE
DESIGN	AJS	<b>DART AEROSPACE LTD</b>		
DRAWN	JPH	HAWKESBURY, ONTARIO, CANADA		
CHECKED		DRAWING NO. REV. A		
MFG. APPR.		D4035 SHEET 1 OF 5		
APPROVED		TITLE	SCALE	
DE APPR.		BASKET LID RIB ASSY	NTS	
DATE	10.03.04			

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G4491

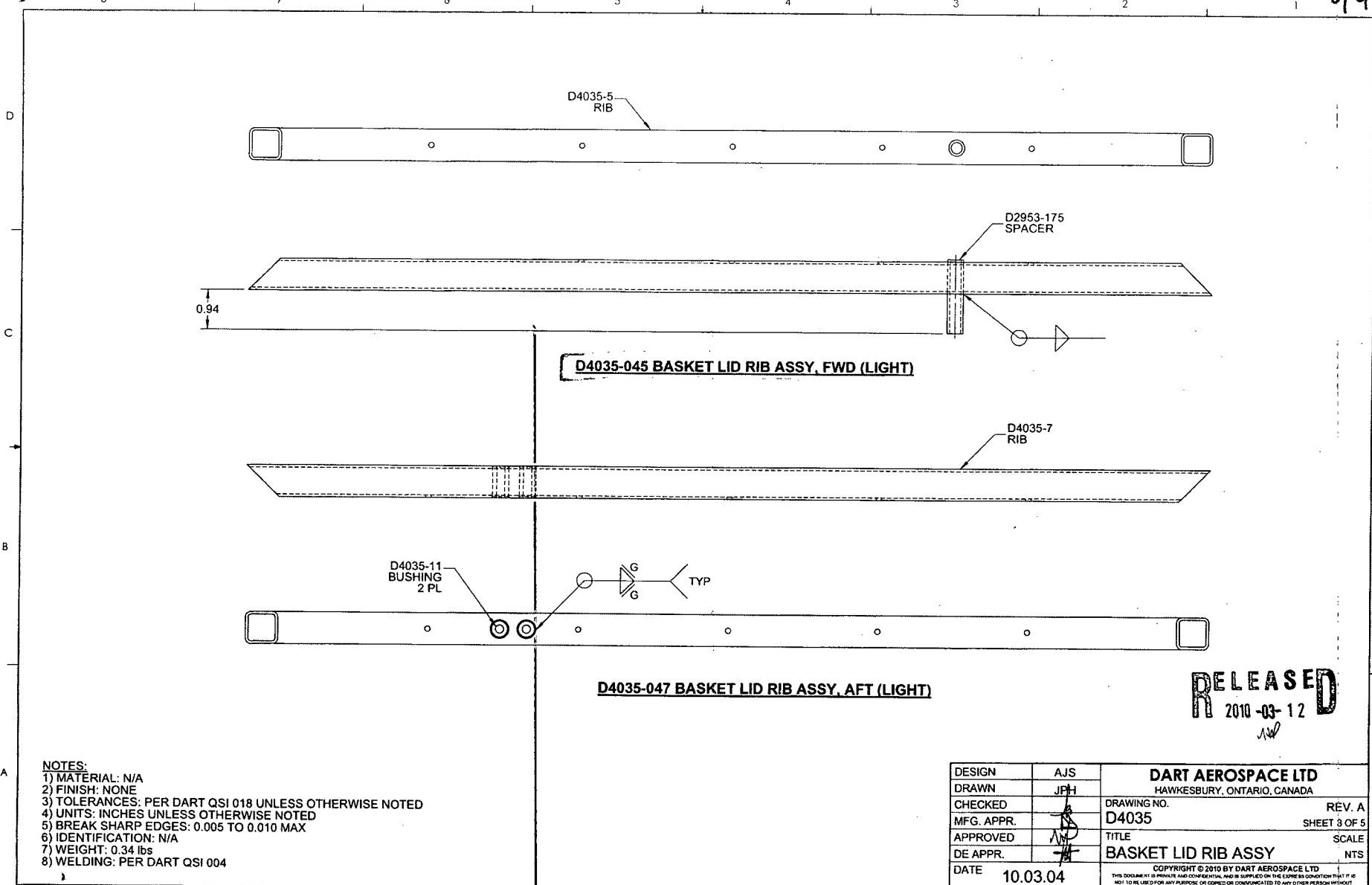


RELEASED  
2010-03-12  
AM

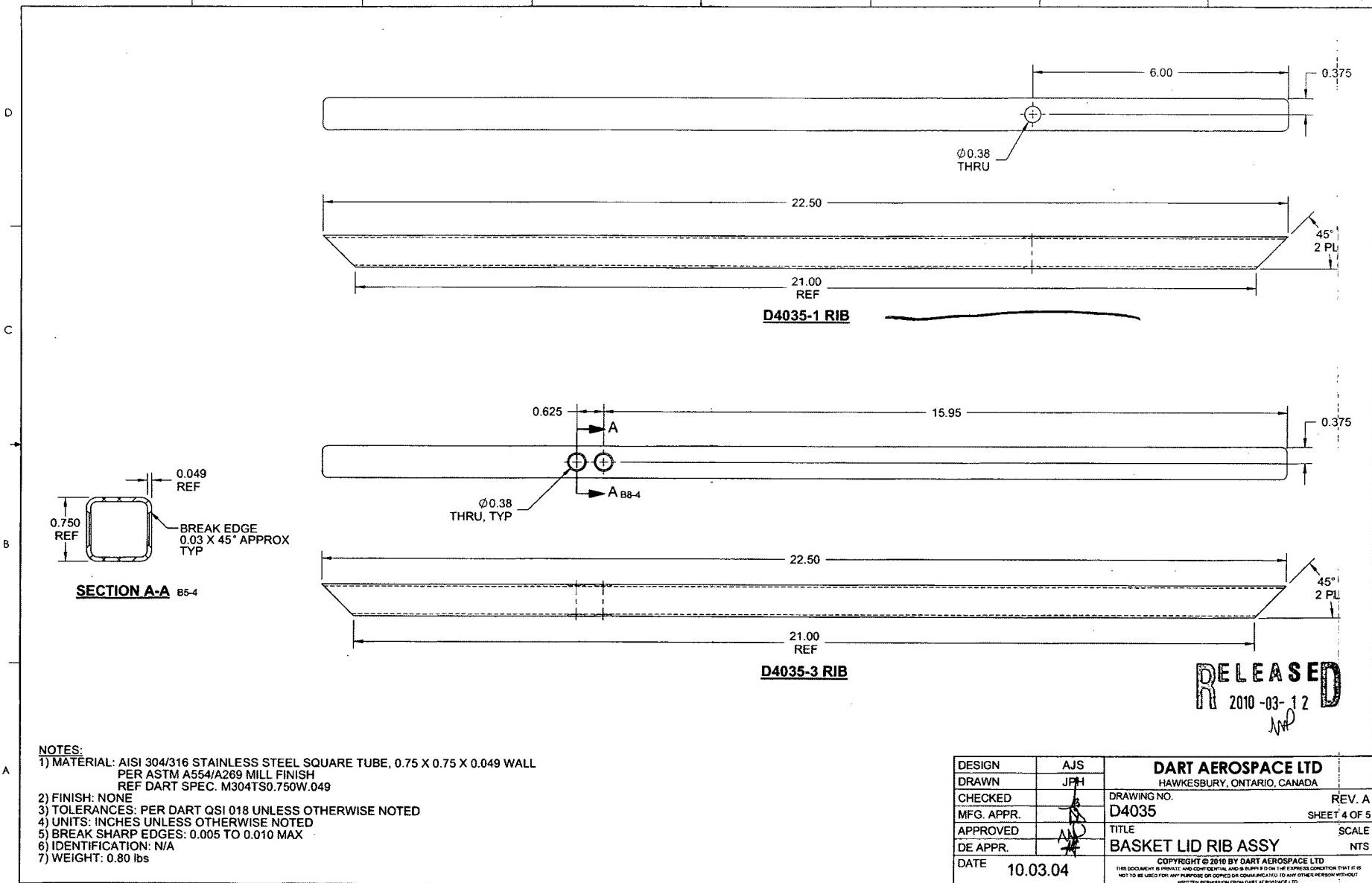
DESIGN	AJS	DART AEROSPACE LTD
DRAWN	JPH	HAWKESBURY, ONTARIO, CANADA
CHECKED		REV. A
MFG. APPR.		SHEET 1 OF 5
APPROVED		TITLE
DE APPR.		SCALE
DATE	10.03.04	NTS

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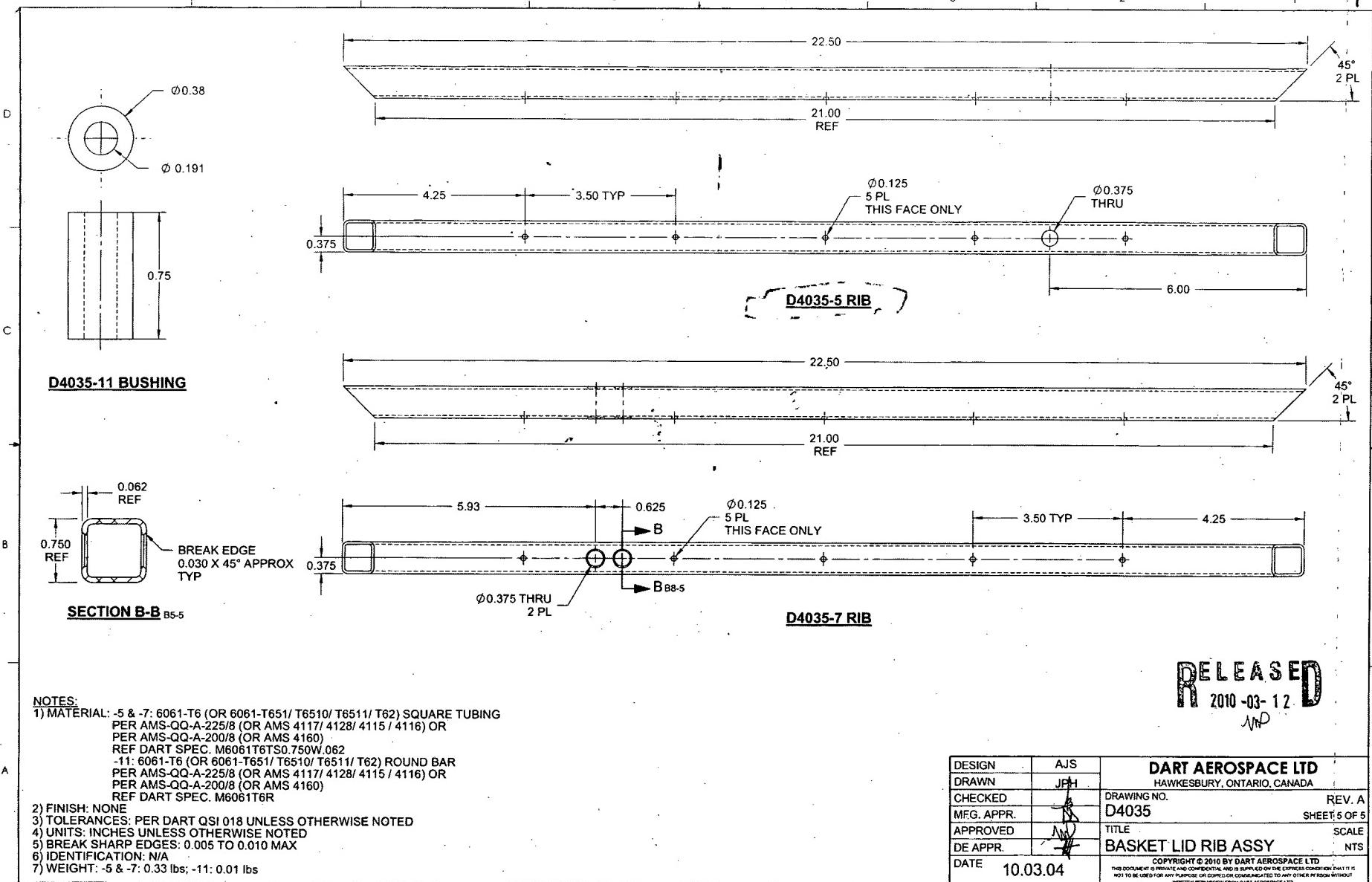


94491



DESIGN	AJS	DART AEROSPACE LTD
DRAWN	JPH	HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO.
MFG. APPR.		D4035
APPROVED		REV. A
DE APPR.		SHEET 4 OF 5
DATE	10.03.04	TITLE
		SCALE
		NTS
		BASKET LID RIB ASSY
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94498



DESIGN	AJS	DART AEROSPACE LTD
DRAWN	JPH	HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO. D4035
MFG. APPR.		REV. A
APPROVED	AM	SHEET 5 OF 5
DE APPR.		TITLE BASKET LID RIB ASSY
DATE	10.03.04	SCALE NTS

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2010-03-12  
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